

**SOUTHEASTERN MICHIGAN HIV/AIDS COUNCIL
NEEDS ASSESSMENT COMMITTEE
DETROIT HEALTH DEPARTMENT ROOM 420-C
September 15, 2003
12:00 P.M. –2:00 P.M.**

MINUTES

Co-Chairperson, Brenda Stimson, called the regularly scheduled meeting of the Needs Assessment Committee of The Southeastern Michigan HIV/AIDS Council to order at 12:05 PM in room 420C of the Detroit Health Department on Monday Sept 15, 2003. Co-Chair, Jonsea Nelson, was also present. Today's agenda was read and approved.

Present

Brenda Stimson, Co-Chair
David Perkins

Selvy Hall
Jonsea Nelson, Co-Chair
Waymond Burks
Keith Meeks
James Jenkins
Lydia Meyers
Mallory Waldman

Terry DeRocher

SEMHAC Staff

Karla Handley, Sr. Program
Consultant

Guests

Manesia Patterson

Health Department Staff

Sarah Farrell-HIV/AIDS
Cynthia Meyers-HIV/AIDS

OLD BUSINESS

New Ground Rules were read and explained. Ground Rules will be displayed at each meeting. New members must attend three consecutive meetings to be eligible to be voting members of the Needs Assessment Committee. It was emphasized that meals are ordered based on the number of people who RSVP for meetings. Anyone who calls by 9am the day of the meeting will be included in the count. The Committee will be conducted according to Robert's rules, and Dave Perkins will act as the Parliamentarian until further notice.

NEW BUSINESS

Sarah Farrell did a summary report of the 2004 Needs Assessment, which was an addendum to the 2003 Report. Populations that were under represented, and in outlying counties (Oakland, Macomb, St. Clair) were surveyed, ie. White MSMs, IDUs, over 50. 66% were from Oakland County, 49% were MSMs, and of the MSMs 68% were white. Questions re: the needs assessment report were answered by Sarah & copies of the report were distributed to the Committee. Sarah said that EPI info will be online in October and she will let people know when it is available. **Discussion of Unmet Need and Out of Care:** An individual with HIV/AIDS is considered to have an “unmet need” for care (or to be out of care) when there is no evidence that s/he received any of the following three components of HIV primary medical care during a defined 12 month time frame: 1) Viral Load (VL) testing 2) CD4 Count 3) Provision of anti-retroviral therapy (HAART). A person is considered to have “met need” (or to be in care) when there is evidence of one or more of these three measures during a specified twelve month time frame. One of the main functions of the Needs Assessment Committee in 2005 will be to determine where to find those who are out of care and to get them into care. A motion was made by Mallory Waldman, and seconded by Waymond Burke to conduct a brainstorming session at the next meeting to generate ideas for finding these individuals. The motion passed. Keith Meeks asked for a written definition of Out of Care for the next meeting. Terry DeLocher volunteered to work with David Kuttner and his associates as a liaison between their team and the committee. The committee needs to decide what other populations besides the mandated ones they would like to target. Brenda Stimson will contact Emily Lemelin, the HIV/AIDS Data Manager and request that she attend the next meeting to present the most recent EPI Data and to discuss HRSA’s revised definition of “Unmet Need”

NEXT MEETING is Monday, October 6, from Noon-2 PM in the 7th Floor Chapel of the Health Department.

ADJOURNMENT

Meeting was adjourned at 2:00 PM.

Minutes transcribed by Karla Handley, October 6, 2003.

Co-Chair Signature _____
Date _____